

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9122</u>	2 Fiscal Year Covered From <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Through <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
3 Name and address of person filing Name <u>Robert</u> <input type="checkbox"/> <u>Byker</u> P O Box Bldg Room No if any <input type="text"/> Street <u>925 PAUL Rd</u> City <u>Rochester</u> State <u>N.Y.</u> ZIP Code + 4 <u>14624</u>	4 Name file number and address of labor organization Name <u>U A Local 13 Plumbers & Steam</u> Labor Organization File Number <u>055-764</u> P O Box Building and Room Number if any <input type="text"/> Street <u>1645 St Paul St</u> City <u>Rochester NY</u> State <u>N.Y.</u> ZIP Code + 4 <u>14624</u>
5 Position in labor organization <input type="text"/>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7 a Nature of Interest, Transaction or Income <input type="text"/> 7 b Amount <input type="text"/>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed <u>Robert Byker</u>	On <u>8/10/05</u> Date	<u>585-889-2232</u> Telephone Number

Name of Person Filing BOB BYER	File Number U
---------------------------------------	---------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <input type="text"/> 11 b Approximate dollar value of such dealing <input type="text"/> 12 a Nature of interest held or income received <input type="text"/> 12 b Amount <input type="text"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name STOFFEL & CO C.P.A's Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street 31 UNION City SPENCER Port State N.Y. ZIP Code + 4 14559	14 a Nature of payment. 6/3/04 GOLF - \$46.00 6/3/04 Food & Bev - 42.00
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. \$108.00

522/13

Name of Person Filing ROBERT C BYER	File Number U
--	---------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p>b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <hr/> <p>11 b Approximate dollar value of such dealing</p> <hr/> <p>12 a Nature of interest held or income received</p> <hr/> <p>12 b Amount</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name LOCAL 13 UNITED ASSOCIATION of J'men</p> <p>Trade Name if any APPRENTICES PLUMB PIPE FITTERS</p> <p>P O Box Bldg Room No if any</p> <p>Street 1665 ST Paul ST</p> <p>City Rochester</p> <p>State NEW YORK ZIP Code + 4 14621</p>	<p>14 a Nature of payment</p> <table style="width: 100%;"> <tr> <td style="width: 80%;">6/1/04 Fringe Benefits</td> <td style="width: 20%; text-align: right;">56⁰⁰</td> </tr> <tr> <td>6/11/04 LOST WAGES</td> <td style="text-align: right;">112⁰⁰</td> </tr> <tr> <td>4/1/04 LOST WAGES</td> <td style="text-align: right;">52⁰⁰</td> </tr> <tr> <td>6/14/04 Fringe Benefits</td> <td style="text-align: right;">28⁰⁰</td> </tr> <tr> <td>8/6/04 LOST WAGES</td> <td style="text-align: right;">29⁰⁰</td> </tr> <tr> <td>8/6/04 Fringe Benefits</td> <td style="text-align: right;">14⁰⁰</td> </tr> <tr> <td>10/8/04 LOST WAGES</td> <td style="text-align: right;">88⁰⁰</td> </tr> <tr> <td>4/8/04 Fringe Benefits</td> <td style="text-align: right;">42⁰⁰</td> </tr> <tr> <td>12/10/04 LOST WAGES</td> <td style="text-align: right;">117⁰⁰</td> </tr> <tr> <td>12/10/04 Fringe Benefits</td> <td style="text-align: right;">56⁰⁰</td> </tr> </table>	6/1/04 Fringe Benefits	56 ⁰⁰	6/11/04 LOST WAGES	112 ⁰⁰	4/1/04 LOST WAGES	52 ⁰⁰	6/14/04 Fringe Benefits	28 ⁰⁰	8/6/04 LOST WAGES	29 ⁰⁰	8/6/04 Fringe Benefits	14 ⁰⁰	10/8/04 LOST WAGES	88 ⁰⁰	4/8/04 Fringe Benefits	42 ⁰⁰	12/10/04 LOST WAGES	117 ⁰⁰	12/10/04 Fringe Benefits	56 ⁰⁰
6/1/04 Fringe Benefits	56 ⁰⁰																				
6/11/04 LOST WAGES	112 ⁰⁰																				
4/1/04 LOST WAGES	52 ⁰⁰																				
6/14/04 Fringe Benefits	28 ⁰⁰																				
8/6/04 LOST WAGES	29 ⁰⁰																				
8/6/04 Fringe Benefits	14 ⁰⁰																				
10/8/04 LOST WAGES	88 ⁰⁰																				
4/8/04 Fringe Benefits	42 ⁰⁰																				
12/10/04 LOST WAGES	117 ⁰⁰																				
12/10/04 Fringe Benefits	56 ⁰⁰																				
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p> <p style="text-align: right; font-size: 1.2em;">\$594⁰⁰</p>																				

Name of Person Filing BOB BYER

File Number U

NONE Assigned

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name UA LOCAL 13 INSURANCE FUND

Trade Name if any

P O Box Bldg Room No if any

Street 1645 ST PAUL STREET

City ROCHESTER

State New York

ZIP Code + 4 14621

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

PAYMENTS FOR ATTENDANCE AS TRUSTEE AT INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS SEMINAR FROM 2/21/04 TO 2/26/04 INCLUDES AIRFARE REGISTRATION FEE HOTEL AND MEALS

11 b Approximate dollar value of such dealing

\$4 376

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing BOB BYER

File Number U

none Assigned

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name UA LOCAL 13 INSURANCE FUND

Trade Name if any

P O Box Bldg Room No if any

Street 1645 ST PAUL STREET

City ROCHESTER

State New York

ZIP Code + 4 14621

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

PAYMENTS RECEIVED FOR LOST WAGES FOR SERVING AS TRUSTEE AT VARIOUS BOARD MEETINGS IN 2004

11 b Approximate dollar value of such dealing

\$2 090

12 a Nature of interest held or income received

12 b Amount

Name of Person Filing BOB BYER

File Number U

NONE ASSIGNED

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name UA LOCAL 13 INSURANCE FUND

Trade Name if any

P O Box Bldg Room No if any

Street 1645 ST PAUL STREET

City ROCHESTER

State New York

ZIP Code + 4 14621

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

PAYMENTS OF BENEFITS FOR TIME LOST ATTENDING
VARIOUS BOARD MEETINGS IN 2004

11 b Approximate dollar value of such dealing

\$1 094

12 a Nature of interest held or income received

12 b Amount

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name **MANNING & NAPERY ADVISORS, INC.**

Trade Name if any

P O Box Bldg Room No if any

Street **290 WOODCLIFF DRIVE**City **FAIRPORT**State **New York** ZIP Code + 4 **14450**

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name **UA LOCAL 13 INSURANCE FUND**

Trade Name if any

P O Box, Bldg Room No if any

Street **1645 ST. PAUL STREET**City **ROCHESTER**State **New York** ZIP Code + 4 **14621**

11 a Nature of such dealing

GOLF OUTING, BOARD MEETING AND MEAL

11 b Approximate dollar value of such dealing

\$90

12 a Nature of interest held or income received

12 b Amount

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name COLUMBIA MANAGEMENT GROUPTrade Name if any P O Box Bldg Room No if any P O BOX 1350Street 1300 SW SIXTH AVENUECity PORTLANDState Oregon ZIP Code + 4 97207-1350

10 If 9 b or 9 c is checked give trust or employer's name

Name UA LOCAL 18 INSURANCE FUNDTrade Name if any P O Box, Bldg Room No if any Street 1645 ST PAUL STREETCity ROCHESTERState New York ZIP Code + 4 14621

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

11 a Nature of such dealing

GOLF OUTING, BOARD MEETING AND MEAL

11 b Approximate dollar value of such dealing

\$90

12 a Nature of interest held or income received

12 b Amount